

**2005 ASSESSMENT REPORT
FOR INSURANCE COMPANIES, SELF-INSURERS & GROUP FUNDS**

STATE OF ALABAMA

DEPARTMENT OF INDUSTRIAL RELATIONS

WORKERS' COMPENSATION DIVISION

649 Monroe Street

Montgomery, Alabama 36131

Telephone: (334) 242-2868 Toll Free 1-800-528-5166

January 13, 2006

→ FEIN:

SUBSIDIARIES:

In accordance with the Alabama Workers' Compensation Law, Title 25, Code of Alabama, 1975, § 25-5-316(d) - § 25-5-317 as last amended, this report is to be filed with the State of Alabama on or before the first day of March each year. The total expenses reported will be used in the calculation of your 2005 assessment. **DO NOT INCLUDE NEGATIVE AMOUNTS.**

DO NOT DEDUCT SUBROGATION OR REINSURANCE/EXCESS RECOVERABLES

Compensation Paid:	\$	→
Medical Paid:	\$	→
Administrative Expenses Paid:	\$	→
Attorney Fees Paid:	\$	→
Court Settlements:	\$	→

CERTIFICATION

UNDER PENALTY OF PERJURY, → , being duly sworn, depose, affirm, and verify that the foregoing is a true and correct report of workers' compensation payments made in accordance with the Alabama Workers' Compensation Law, as last amended. I further verify and affirm that this report constitutes a true and correct report of payments made by all operations with the state. I understand that the monetary figures and sums certain contained therein will be used to compute the workers' compensation assessment due and payable to the Alabama Workers' Compensation Administrative Trust Fund. I further verify and affirm that I am a duly appointed official of → in the capacity of → and that I am duly qualified and authorized to sign this report.

Title	Signature
Sworn to and subscribed before me this → day of →	, 2006.